

OCCUPATIONAL STRESS AND EFFECTIVE COPING STRATEGIES IN NURSING

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Coping Strategies in Nursing

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ABSTRACT

Nursing has been characterized as a high health risk profession due to the very heavy stressors common to the job. The study aimed at producing a descriptive information on occupational stress among nurses and effective coping strategies used in handling work-related stress. Research questions were formulated to assist the writers in meeting their objective during the research process.

Narrative literature review methodology was used to answer the set research questions. The study was conducted using four reliable healthcare internet database namely; CINALHL, Elsevier Science Direct, British Nursing Index (ProQuest) and PubMed. 11 scientific articles were scrutinized to obtain results for the research study.

The study identified workload as the primary factor causing occupational stress. Other stressors identified were: Unavailability of doctors, too much paperwork, insufficient time, shortage of nurses, irregular shift work, inadequate resources, insufficient salaries, poor social support and conflict or discrimination among doctors, superiors and other co-worker

Coping strategies were grouped into four main categories: Problem-focused, emotion-focused, positive coping and negative coping strategies. Nurses from western countries displayed a higher use of problem-focused coping while Asian nurses used emotion-focused coping more frequently. Nurses with more professional skills and experience were more willing to adopt positive coping strategy.

Further study is recommended to investigate the experiences of occupational stress among nurses in developing countries taking into account the level of economic development and its effect on healthcare. Cultural perception of individual nurses has been recognized to have an impact in the coping strategy mostly used. Further research is recommended to explore the relationship between these concepts.

Keywords: Occupational stress, Nursing, Coping strategies

Lahden ammattikorkeakoulu
Hoitotyön koulutusohjelma

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Työperäinen stressi ja tehokas
selviytymisstrategiat hoitotyön

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TIIVISTELMÄ

Hoitotyötä voidaan ajatella olevan korkean riskin ammatti terveydellisten riskitekijöiden suhteen, koska työ on hyvin stressialtista. Tämän opinnäytetyön tavoitteena oli tuottaa kuvailevaa tietoa hoitotyön tekijöiden kokemasta työperäisestä stressistä sekä siitä, millaisia tehokkaita selviytymisstrategioita hoitajat käyttävät.

Työ toteutettiin narratiivisen kirjallisuuskatsauksen menetelmää käyttäen. Tämän avulla pyrittiin saamaan vastauksia asetettuihin tutkimuskysymyksiin. Työssä käytettiin neljää luotettavaa terveydenhuollon Internet-tietokantaa, jotka olivat CHINAL, Elsevier Science Direct, British Nursing Index (ProQuest) ja PubMed. Työn aineistoksi valittiin 11 tieteellistä artikkelia.

Työn tulosten perusteella voidaan sanoa, että ensisijainen työperäistä stressiä aiheuttavana tekijänä on työmäärä. Muina keskeisinä stressiä aiheuttavina tekijöinä tunnistettiin lääkäreiden saatavilla olemisen puute, kirjaamiseen ja dokumentointiin kuluva aika, kiire, sairaanhoitajapula, epäsäännöllinen vuorotyö, riittämättömät resurssit, matala palkkaus, vähäinen sosiaalinen tuki ja konfliktit toisen ammattikunnan edustajien, esimiesten tai muiden työtoverien välillä.

Selviytymisstrategiat ryhmiteltiin neljään pääryhmään; ongelmakeskeiset -, tunnekeskeiset -, positiiviset ja negatiiviset selviytymisstrategiat. Tämän työn tulosten perusteella näyttäisi siltä, että länsimaissa sairaanhoitajat käyttävät ongelmakeskeistä selviytymistapaa. Aasiassa sen sijaan käytetään paljon tunteisiin keskittyviä selviytymistapoja.

Jatkotutkimusaiheena voidaan suositella hoitotyön tekijöiden työstressin tutkimista kehitysmaissa- Tärkeää olisi huomioida etenkin taloudellinen kehittyminen ja sen vaikutus terveydenhuoltoon. Myös kulttuurisilla tekijöillä on todettu olevan vaikutusta selviytymisstrategioiden valintaan, joten myös tämän tutkiminen olisi suositeltavaa.

Asiasanat: Työperäinen stress, Hoitotyö, Selviytymisstrategiota.

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1 INTRODUCTION

Morgan and Tromborg (2006) defined stress as the body's way of responding to demands placed on it. When people feel stressed by challenges surrounding them, chemicals are released into their blood that triggers a particular reaction. These chemicals provide them with more energy and strength. Stress can be caused by both good and bad experiences. Stress is considered as a good thing when caused by physical danger. It is also the reaction perceived by the body when people experience excessive pressures or other types of demand placed upon them. It arises when they worry that they can no longer cope. In this sense, stress often occurs when people are working beyond their capacities or are subjected to situations with which they cannot adequately cope. (Lazarus & Folkman, 1984; Papageogiou, Karabetsou, Nikolakou & Paylakou, 2007)

Furthermore, the National Institute of Occupational Safety and Health (2013) observes that harmful physical and emotional responses occur when job requirements do not match the worker's capabilities, resources, and needs. Apart from the work environment, the individual worker as a member of society also has other sources of stress that may be brought to bear on his/her performance in the workplace. Other pressures that affect the personal lives of workers include; financial burdens, relationship problems, the death of loved ones and challenges that bring tension from their home lives. These pressures affect the individual professional worker in varied ways.

The nursing profession has been characterized as a high health risk profession due to the very heavy stressors common to this job. In a recent survey by American Journal of Industrial Medicine (2014), more than 70 percent of nurses interviewed indicated acute and chronic effects of stress and overwork as their top health and safety concerns. Levi et al. (2013) notes that work stress is a major challenge worldwide. Work stress affects individual mental and physical health as well as organizational health in diverse ways. These include the fact that stressed workers are more likely to be unhealthy, poorly motivated, less productive and less safe at work.

There are issues related to physical hazards at workplace such as work injuries, uncertain job security and the fear of layoff. These are important sources of psychological stress within the work environment, especially during times of economic contraction. As a result, organizations with such stressed workers are less likely to succeed in a competitive market (Bickford 2005).

Palmer et al. (2004) argue that work-related stress costs the national economy a staggering amount of sick pay, lost productivity, healthcare and litigation costs. Extended periods of unresolved stress can lead to burnout or even death. Individuals, however, have different stress levels related to their ability to cope with a given situation. Fritz and Sonnentag (2005) further noted that stress among nurses as professionals has often been considered merely as an individual personal problem to be tackled with remedial, occasional and often palliative interventions. Thus over the past decade, much evidence has emerged showing that stress associated with work has negative implications for production.

Lei et al. (2010) observes that it is indeed possible to reduce stress at workplace, as well as improve performance and productivity. A multiple response is needed to focus principally on preventing the causes of stress and alleviating the stressors themselves. In this sense, it is important in this research to explore occupational stress among nurses and efficient measures to relieve stress. The purpose of this review is to find out helpful strategies that are being used in coping with stress among nurses since nursing job nowadays is considered one of the most stressful job.

Numerous recent studies across the world (Button 2008; Burgess et.al 2010; Dong-Mei et.al 2014; Happell et.al 2012; Lim et.al 2010; Mctiernan et.al 2014; Orly et.al; Umann et.al 2014; Wakim 2014 & Zhou et.al) have been done to investigate work stress among health care professionals in different countries especially in the nursing field. According to Dena Taylor (2015), the purpose of writing a literature review is to convey to the readers already established knowledge and ideas a topic. Through a comprehensive literature review methodology, the writers of this report aim to give a

narrative account of what has been published by accredited scholars on the topic; occupational stress and coping strategies among nurses (Dena, 2015).

2 NURSING AND STRESS

Occupational stress in the nursing field was first assessed in 1960. Menzies identified four sources of anxiety among nurses: patient care, decision-making, taking responsibility, and change making. The role of a nurse has long been regarded as stress-filled based upon the physical labor, human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do. Since the mid-1960s. However, nurses' work stress may be growing due to the increasing use of technology, continuing rises in health care costs, and turbulence within the work environment. (Menzies, 1960).

In the European Union, occupational stress is the second highest health problem concerning the professional environment. It is estimated that work is experienced by 28% of the employee (Andoniou, 2007). Occupational stress is the adverse emotional state experienced by an employee when the demands due to occupational factors exceed their ability to address or control the situation. Due to the individual demands of nursing job, nurses are one of the vulnerable professionals to experience workplace stress (Papageogiou, Karabetsou, Nikolakou & Paylakou, 2007).

An increasing amount of research suggests that a nurse's intention to quit their job can be related to an array of factors. These factors include: work overload, lack of social support, burnout feelings of work-family conflict or stress and insufficient job satisfaction, lack of supervisory support, low organizational commitment, quality of care, small salary and limited possibilities for development (Collins, K, Jones, M, McDonnell, A, Read, S, Jones, R & Cameron A, 2000, 5) .

Present studies have highlighted that stress leads to increased absenteeism and turnover, and low retention of nurses that ultimately affect the quality of care they provide. This is similar to the definition of stress by Lazarus and Folkman "stress is any situation in which internal demands, external demands or both are appraised as taxing or exceed the adaptable or coping resources of an individual or group" (Lazarus & Folkman, 1984). The

adverse effect of stress does affect not only the health and well-being of nurses but also the functionality of the nursing profession (Jim, Bogossian & Ahern, 2010).

The intensity of stress level experienced by nurses can vary depending on the type of medical unit or department. Evidence has proven that intensive care department nurses experience more stress than medical-surgical nurses (Bohannon-Reed, Dugan & Huck, 1983). Similarly, Kelly and Cross (1985) found that nurses from two Australian hospitals experienced a high level of stress due to insufficient staffing. Therefore used less problem-solving strategies to cope with stress rather than intensive care unit nurses.

Dewe, (1989) argued that medical wards experience more level of stress compared to critical intensive units. Gray-Toft and Anderson (1981) suggested that hospital nurses experience lesser levels of stress than other hospital units. Cole, Slocumb & Mastery (2001) noted that intensive care department is not only stressful for nursing staffs but also stressful for patients. Therefore, nurses may experience a significant difference in stress among different medical wards that may affect their functionality in terms of the quality of care provided to their patients. (Chiang & Chang, 2012)

2.1 Factors causing stress

Factors known as stressors causes work-related stress. Workplace stressor is defined as “any work situation perceived by the participants as threatening because of the mismatch between the situation and individual’s coping abilities (AbuAlrub & Al-Zaru 2008, 230). The literature on stress in the nursing field indicates that there is a countless amount of factors leading to strain and stress reactions among nurses (Demerouti, Bakker, Nachreiner & Schaufeli 2000).

Stressors such as working hours, shift work, role overload, responsibility to colleagues and patients, and physical environment seem to be the most challenging stress factors among nurses. In addition, work stressors such as emotionally demanding patient contacts, inadequate preparation time to

plan, frequent interruptions and responsibility when there is absence of decision-making authorities are relevant stressors in the nursing profession. (International Labor Organization, 1998; French et al., 2000)

Work stressors can be categorised into six distinguish types: intrinsic characteristics of the job, organizational roles, work relationships with coworkers, supervisors and subordinates, career development issues, organizational factors e.g structure, climate, culture and policy, the work-home interface (Haybatollahi, 2009).

2.1.1 Workload

Workload is the quantity of work that has to be done. It is a major stressors and has been investigated in many studies. This source of physical and psychological strain affects the individuals' health and their well-being at both high and low levels of load. This property of workload can be best explained by Yerkes-Dodson's (1908) law in which an inverted U-shape relationship between different levels of workload and health outcomes indicates a high level of physical or psychological health at the mid-level of workload. Considering the fact that workload can be either quantitative (i.e., specific amount of required work with a time frame for the work to be completed) or qualitative (Cooper, et. al. 2001, 31).

2.1.2 Working hours and shift work

Another important stressor, intrinsic to work, is the overall number of working hours a person performs in his or her job. Excessive working time is associated with overall physical and psychological health problem. Individuals who work more than 48 hours a week are more susceptible to experience work-related health issues. Recent studies have focused their attention more on the changing schedules or patterns of working hours in the organizations, namely shift work. For instance, a study on the effects of shift work on body rhythms, Folkard (1996) has found that working rotating shifts, particularly night shift, can affect individuals' as well as their families' health-related outcomes and overall subjective well-being. In this respect,

night shift appears to be much more harmful to the individuals' health outcomes. Individuals working at night have to adjust to two very different routines simultaneously: night shift and a diurnal pattern of days off work (Haybatollahi, 2009).

2.2 Signs and symptoms of stress

Nurses are accustomed to working under pressure and experience stress as an everyday feature of their work. The danger of stress can range from a major physical crisis like a heart attack to minor symptoms like fatigue and unstable sleep patterns. A more serious stress-related problems often occur due to the individual being exposed to a prolonged period of intense stress. Stress can lead to psychosomatic disorders such as high blood pressure, skin ailments, gastric complaints, accumulation of fatty acids in blood, decreased in protein synthesis, immune and allergic response system, faster blood clotting and heart disease. Therefore, to avoid a dangerous effect of stress on an individual's health and well-being, it is important to recognize the initial signs and symptoms of stress. Managing the early signs and symptoms of stress is also crucial. (Bickford, 2005, 4; Fritz, 2005)

Other minor signs and symptoms of stress are; increased pulse rate and blood pressure, shallow but rapid breathing pattern, muscular tension, loss of appetite, overeating, indigestion, dryness of the mouth, excessive perspiration, clamminess, nausea, decreased libido, nail-biting, increased intake of alcohol or substance abuse, irritability and impatience, frequent anxiety, moodiness, having sad feeling, loss of sense of humor, poor concentration, memory loss, ambivalence and feeling overwhelmed by minor problems. (Cowan, Grochulski & Garvey, 2006).

All these symptoms can be categorized as physical, psychosocial and behavioral in nature, as illustrated in the table 1 below.

TABLE 1. Signs and symptoms of stress

Physical	Psychosocial	Behavioral
Headaches	Anxiety	Overeating or no appetite
Teeth grinding	Irritability	Impatience
Clenched jaws	Sadness	Procrastination
Chest pain	Mood swings	Quickness to argue
Shortness of breath	Hypersensitivity	Increased use of alcohol or drugs
High blood pressure	Apathy	Social withdrawal
Muscle aches	Depression	Neglect of responsibility
Indigestion	Slowed thinking or racing thoughts	Poor job performance
Constipation or diarrhea	Feeling of helplessness	Poor personal hygiene
Fatigue		Change in religious practices
Insomnia		
Frequent illness		

(Canadian Centre for Occupational Health and Safety, 2000)

3 AIM, PURPOSE AND RESEARCH QUESTIONS

This study is aimed at producing a descriptive information on occupational stress among nurses and effective coping strategies in handling work-related stress. The purpose of this study is to provide information that can help nurses cope better with stress. This is important because nursing nowadays has been considered one of the most stressful profession. By virtue to achieve the aim of this research, the following research questions were formulated:

1. What is occupational stress in Nursing?
2. What are the effective strategies that are being used by nurses in coping with occupational stress?

4 METHODOLOGY

This chapter describes the importance of having a literature review as a method of research. The first sub-chapter entails a brief description of the literature review as a research methodology as well as the different types of literature review defining them shortly.

4.1 Literature review as research methodology

A literature review is a summary of the current research on a chosen topic that explores the topic in depth. It aims to provide thoroughly analyzed conclusions of the relevant scientific literature. The need for evidence-based practice in health and social care today has led to literature review becoming more and more relevant in current practice. (Aveyard, 2007)

A literature review is also a research method used for searching and integrating the literature related to a particular clinical issue. This is based on a scientific approach that takes the results of many studies in a particular area, assesses the studies critically for reliability and validity and synthesizes the findings to inform practice. The objective of the literature review is to consolidate and report current research about clinical knowledge or effectiveness of interventions. Thus informing evidence-based decision making by relating findings to clinical practice. (Aveyard, 2007; LoBiondo-Wood & Haber 2010, 210)

Literature review also includes formulating a defined purpose of the review. The process of writing a literature review include; formulating a clearly focused clinical problem, identifying the scope of the literature, developing the specific questions to be answered and establishing the criteria for inclusion and exclusion of studies (Burns and Grove 2007, 510). The literature review provides a critical discussion on the topic of interest showing the reader similarities and differences in existing relevant literature. It is important to also note that while a literature search is the means of helping the researcher to unearth literature that is appropriate for the task

in hand, a literature review is also the process of critically evaluating and summarising that literature. (Coughlan 2013, 2)

Narrative literature review focuses on recognizing the conceptual and theoretical approaches used by several authors in understanding a phenomenon, and offering a critique of the authors' contributions on their study. The assessment and interpretation provide comprehensive understanding of the subject matter and highlights the importance of new research. (Cronin, Ryan & Coughlan 2007)

The systematic review provides a platform for summarizing and critiquing the literature to improve future practice and possibly encourage higher levels of research methods (Manning & Fieden 2010, 386). According to Hidalgo Landa et al. (2011) systematic literature is gathered using explicit search protocols studies selected for the review that specifies inclusion, exclusion criteria data from a primary study that synthesized in a meta-analysis.

In order to have a comprehensive understanding of the set research questions, the writers of this review chose to use narrative review methodology as the main research method. However, in order to increase the reliability of this study, the reviewer presents the exact inclusion and exclusion criteria for the literature selection, and thus, a systematic literature review approach is used. Also, the aim of this review was to answer the set research questions.

A systematic literature review is a more defined method of literature reviews that aims to answer specific research question. However, in this review, by using a traditional narrative literature research, the plan is to form an analysis of the relevant current literature that is related to the research questions. Thus, the goal was to discover themes and concepts among the searched literature and draw conclusions about similar topics. (Cronin et al. 2008, 38- 41; Ross 2012 30-31)

4.2 Search strategies/steps

The important steps in undertaking any literature review require creating a structure for the review. These steps entail selecting the review topic, searching for literature, reading, criticizing and analyzing the literature and finally putting the review into writing. A good literature review also consists of an introduction, the main body that discusses the findings of previous work, a discussion and a conclusion. (Coughlan, 2013)

To provide evidence that the review was thorough and comprehensive, it is important to state the search strategy and terms used. In line with this, data for the study will be collected using CINAHL, Elsevier Science Direct, British Nursing Index (ProQuest) and PubMed. The researchers search terms that will be used are “Occupational stress, nurs*, and coping strategies”. By looking for data about stress, nursing, and its coping strategies as a trial through CINAHL from the year, 2005 – 2015. The search year was limited to 10 years in order to gain access to the most current search result.

Boolean operators are words such as; or, and & not used to connect search terms to expand or narrow a search within a database to identify relevant information. Truncation and wildcards are symbols “*” & “?” used to increase the number of hits retrieved while conducting a database search. In order to maximize the findings for this research, Boolean operator, truncation and wildcard strategies will be adopted. (Thompson Rivers University, 2013)

5 CONDUCTING THE LITERATURE REVIEW

The literature search was conducted on the 13th of February 2015 by both authors of this thesis. The search was done with the assistance of Lahti University of applied sciences's librarian who gave a professional hand in selecting the most appropriate keywords and database during the search. The database used during the search were: CINAHL, Elsevier Science Direct, British Nursing Index (ProQuest) and PubMed. In collecting data for this research, the keywords used to carry out the search were: Occupational stress, nurs*, and coping strategies. The word nurse was truncated to broaden the search and incorporate all words that begin with the same beginning but have different endings into the literature search. An advance search was done as a comprehensive search strategy to gather sufficient relevant data.

5.1 Data search and collection process

During the first phase of the literature search, the reviewer obtained 184 titles from CINAHL, 165 titles from Elsevier Science Direct, 107 titles from PubMed and 96 from British Nursing Index (ProQuest), resulting in a total of 551 articles. The title of the articles were then briefly read through, and most of them were excluded. At this point, the reviewers noticed the recurrence of two or more similar titles from different database. Those extra articles were therefore excluded leaving a total of 65 articles for further examination.

The next phase was to read the abstracts of the rest of the articles, and based on those, choose the suitable articles for the literature review. Most important in this phase was to select primary research articles that would address the beforehand set research questions. Due to the reviewer's understanding of only English language, studies published in other languages except English were excluded. A comprehensive examination of the articles was carried out. The reports were examined and selected based on their relevance to the research topic and how close they relate to the research criteria. Inclusion and exclusion criteria were used to find out if the

research articles were suitable for the study. The final inclusion criteria (Table 2) and exclusion criteria (Table 3) were presented in tables below.

Inclusion criteria

Data search resulted in 25 studies of potential relevance to this review. Each study was read fully and assessed for relevance to the review with reference to the following inclusion criteria: study is an English language publication, is a research that focuses on stress and or coping strategy as primary variables, published within the last ten years and is available as free full-text document. The studies excluded from the final review did not report stress and or coping outcomes.

TABLE 2. Inclusion criteria of the literature review

Inclusion criteria
➤ Publications relevant to the research topic
➤ Literature available in The English Language
➤ Articles published from 2005-2015
➤ Articles have free access and contain full text
➤ Articles relevant to occupational stress among nurses
➤ Articles with abstract related to the research topic

TABLE 3. Exclusion criteria of the literature review

Exclusion criteria
➤ Publications that are not in The English Language
➤ Publications before the year 2005
➤ Repeated articles in different database
➤ Publications not available online as free full text
➤ Literature not relevant to the research study

5.2 Article selection process

During the final stage of the selection process, taking into account the relevance of the conceptual and methodological style used in the studies, the 25 full articles were read to see if they clearly answered any of the two present research questions. 11 studies were finally chosen for the study, and the remaining were excluded (Jones 2008). The process of the article search and selection was illustrated in Table (4).

The reference list of each selected articles was read through for any potential grey literature. Sources found were left out since they did not meet all the inclusion criteria.

TABLE 4. Result of Literature Search

Database	Keywords	Results	Chosen on the basis of title	Selected on the basis of abstract	Final Chosen literature
CINAHL	Occupational stress AND Nurs* AND Coping strategies	184	24	4	2
Elsevier science direct	“Occupational stress” “nurs*” AND “coping strategies”	165	14	6	3
PubMed	Occupational stress AND nurs* AND coping strategies	107	12	10	3
British Nursing Index (ProQuest)	Occupational stress AND nursing OR nurse AND coping strategies OR strategies for coping	96	15	5	3

5.3 Analysis and synthesis

Following careful reading of the selected articles for the research, relevant data to the set purpose of this study was extracted and tabulated to promote comparative overview. The data was then categorized and organized into themes. A summary of the characteristics of the selected articles that

include the purpose of each study, participants, and the methodology used to conduct the study is presented in Appendix (1).

Narrative synthesis method was used to analyze and synthesize this research. A narrative synthesis is an approach that relies mainly on the use of words and text to summarize and explain the findings of a synthesis process. Narrative synthesis is also a form of storytelling as it involves the manipulation of statistical data and adopts a textural approach to the process of synthesis. Evidence wise, narrative synthesis helps to assess how high the evidence are.

The result of this research was described in a narrative way by comparing the difference and similarities in the content of each chosen articles. Final generalizations and conclusions will be made based on the articles.

6 RESULTS

The results of this study showed that a lot of studies have investigated occupational stress among nurses during the past years. This chapter entails the authors analysis of the 11 literatures reviewed. Occupational stressors, coping strategies employed by nurses, most frequently used coping strategies and the nurses' evaluation of the effectiveness of the coping strategies used were synthesized.

6.1 Occupational stress

Occupational stress has been a central aspect that influences health care profession, job satisfaction and organizational commitment that are the risk for the predictors. Occupational stress usually occurs when there is an imbalance between the demands of the workplace and the nurses' ability to cope with stress. Healthcare is a stressful profession with long working hours, difficult working conditions, dealing with difficult patients and numerous occupational hazards (Onder & Basim, 2008).

Xian & Lambert (2006) and Yau et. al. (2012) reported that workload was a major source of occupational stress nurses face in their daily working life. Nurses commonly experience high levels of occupational stress, through negative consequences for their physical and psychological health, in health care organizations and the community as well. Healthcare environments have to be enhanced throughout the general understanding of the occupational stressors and productively engaging nurses in developing stress reduction initiatives. The researchers found out that workload was not in line with the nurse's ability and the resources available to them.

Unavailability of doctors, the researchers discovered that lack of physicians has been generating to pose stress among nurses in the hospital settings, nurses are now taking over some duties that supposed to be performed by physicians. Nurses complain that too much paper works to do, simply many documents and records which physicians supposed to do are being

transferred to the nurses, and some of the documents are also keep on changing from time to time (WHO, 2006).

Notwithstanding, conflict among doctors, peers, supervisors and discrimination brings a lot of occupational stress to the nurses. Lambert et. al (2007) pointed out that inequality in the workplace has, in addition, proved a very high predictor for occupational stress among nurses in the hospital. Nurses are unhappy because of the way they are being treated by their employers brings series of negative and stress related issues and reactions in their lifetime.

6.1.1 Occupational stress and it's consequences for employers

Healthcare institutions are confronting massive challenges to afford high-quality care with current nursing shortages about nursing turnover (Khowaja et. al 2005, 32-34). Attempts to upgrade nursing working conditions are vital to retain nurses currently in the system and recruiting newcomers to the nursing profession. According to Spencer-Laschinger (2008, 322) employers are well situated to identify precisely the underlying factors of occupational stressors and nurses turnover in their institutions. In doing so, employers, in collaboration with employees, are better positioned to implement successful intervention strategies to improve working conditions and, create healthy workplaces.

Moreover, employers are more able to satisfy effectively, encourage and improved a healthy work environment and quality nursing staff. In health care institutions, work stress may promote absenteeism and turnover, both of which reduce the quality of health service delivery and care. Hospitals, in general, are encountering nursing shortages across many units, including operating room nursing, emergency, and pediatric (Brooks et al. 2004, 270).

6.1.2 Occupational and absenteeism

Adib-Hajbaghery & Alavi (2012) obtained that nursing is a very high-risk and stressful profession, because nurses are commonly confronted with critical

incidents or acute stressor. Handling patient outcomes, disease treatment and other uncertainties concerning patients conditions such as death and dying people have been identified as a source of occupational stress among nurses in a healthcare environment. A high rate of tasks, excessive workload, insufficient time of performing tasks, shortages of staffs and irregular shift work and other conflict among nurses are the most concern that accumulates to occupational stressor nurses in hospital settings. Another stress related sources which hampered nurses stressors is inadequate resources, lack of insufficient salaries, poor social support, lack of control over work and very much responsibilities with very little authority to perform their duties. (Purcell, Kutash & Cobb, 2011)

Ugur et. al (2007) put an emphasis that occupational stressor may have harmful effects on an individual nurse physical wellbeing because high level of occupational stress has been linked to high absenteeism of nursing staff, and these always brings low level of productivity in organization. Occupational stressors have been producing negatively related qualities to healthcare, because of loss of compassion for patient and it the incidence of mistakes and practice errors (Engström, 2006).

6.2 Coping strategies of occupational stress

Coping is considered as an intervention variable that can be used to moderate the effects of stress on a variable such as job satisfaction. Coping is also defined as the cognitive and behavioral efforts made to master, tolerate, or to reduce external and internal demands and conflicts. The review identified 11 studies focusing on the coping strategies of nurses from different countries and different nursing department. (Button et.al, 2008; Burgess et.al, 2007; Happell et.al, 2012; Lim et.al, 2010; Lim et.a, 2010; Lv et.al, 2014; Mctiernan et.al, 2014; Umann et.al, 2014; Wakim 2014; Wang et.al, 2008 & Zhou et.al, 2015)

Coping strategies were grouped into four major categories: Problem-focused, emotion-focused, positive coping and negative coping strategies. Eight studies reviewed during this study identified both problem-focused

strategy and emotion-focused strategy as the two basic modes of stress coping strategies. (Button et.al, 2008; Burgess et.al, 2007; Lim et.al, 2010; Lim et.al, 2010; Lv et.al, 2014; Mctiernan et.al, 2014; Umann et.al. & Wang et.al, 2008)

6.2.1 Problem-focused coping strategy

Problem-focused coping is the ability of the stressed individual to be able to develop a plan that addresses the cause of the stress such as obtaining further information or skills. Examples of problem-focused strategies include; planful problem solving, seeking social support and self-controlling. Planful problem solving is the act of planning strategies to address the problem for future purpose. Self-controlling strategies are aimed at regulating one's emotions and actions while seeking social support describes efforts to find informational, tangible and emotional support. (Lim et.al, 2010; Lim et.al, 2010; Lv et.al, 2014)

The problem-focused approach was reported as the most frequently used coping strategy followed by self-controlling and seeking social support. Nurses from western countries displayed a higher use of problem-focused coping strategies when dealing with the situation. (Lim et.al, 2014)

6.2.2 Emotion-focused coping strategy

Emotion- focused coping involves the way in which an individual manages their feeling towards stress. This focuses on the unpleasant emotional effects of stress rather than finding a way to ameliorate it cause. Emotion-focused coping strategies include; distancing from the problem, avoidance and exercising self-control over feelings and behavior and accepting responsibility. Emotion-focused coping have been found to be used more frequently by Nurses from Asia. (Lv et.al, 2014; Wang et.al, 2008)

6.2.3 Positive coping strategy

Positive coping strategy is achieved through having a positive view of circumstances, changing one's thinking to discover the most important thing in a situation, learning new skills, debriefing among people facing similar difficulty and seeking advice from relatives and close friends (Lv et.al 2014, 10). It is explained by the fact, that experience nurses develop better coping strategies. Nurses with more professional experience and skills in their field of practice were more willing to adopt positive coping strategy such as learning new skills to solve their problem (Lv et.al 2014, 13).

6.2.4 Negative coping strategy

Negative coping strategy is achieved through comforting oneself, acceptance of the reality, letting time change the situation, depending on others to solve the problem and use of substance abuse (Lv et.al 2014, 10). Nurses reported using substances, principally drinking alcohol and smoking tobacco, to cope with work-related stress. Some nurses stated that they went to the bar to drink alcohol, whereas others drank when they arrived home from work. Other nurses indicated that they smoked tobacco in response to their stressful work life (Happel 2012, 197).

6.2.5 Effectiveness of coping strategies

Results from Australian nurses showed the use of problem-focused coping as the most effective and frequently used coping strategy followed by emotional focused and seeking social support (Lim. J et.al 2010). Thereby, opposing the result from an Hong Kong study that revealed the most frequently used stress coping strategy was evasive (i.e. avoiding activities used in coping with a situation) followed by confrontive (i.e. confronting the situation, facing the problem, developing and planning problem solution) and optimistic (i.e. positive thinking, positive outlook and positive comparisons) (Lv et.al, 2014; Wang et.al, 2008) .

However, the same Hong Kong study concluded that the most effective coping strategy rated by the nurses were confrontive, followed by evasive method (Lv et.al 2014; Wang et.al 2008, 242).

7 DISCUSSION

The primary aim of the literature review was to describe occupational stress among nurses and its effect coping strategies. And to describe the positive and negative intervention to battle occupational stress. The result were very anticipated, occupational stress in nursing is exceedingly experienced following the exacerbating workload on nurses. To start things running, it is imperative to mention that literature reviewed of occupational stress is a multi-faceted concept.

In nursing literature, the term occupational stress and job stress have often been used interchangeably, which is actually confusing for the reader whenever different concept or research are presented as the same concept. In many researchers, the concepts of occupational stress has been equated with coping. This research is not in support of that because being occupationally stressed does not really mean that one is likely to be keen to cope with stress, a nurse can be stress out in the midst of his or her workplace, what really matters is the kind of intimacy present. For example, nurses can be with a vast group colleagues but if they are not supportive the nurse may still suffer from stress or if they are not satisfied with the correlation available stress can still prevail in them.

As stress has been defined in this research, as the body's way of responding to demands, and thus occupational stress is a negative feeling causing distress to the nurse as an individual. (Morgan & Tromborg, 2006). Based on negative feelings and distress, occupational stress causes major low productivity and at the time causes declines in nurse's health, morale to work, depression and severe effects on mental well-being of nurses in healthcare settings.

However, the long-term effects of occupational stress illustrate a complex rather than just a mere decline in the nurses' productivities. The research is indicating that; there is a significant long-term impact on personal disturbances following occupational stressor on nurses. Nurses are the most stress because of the workload and other relative activities in their

work schedule in terms of shifts and other on call duties. However, as times goes on nurses try to adjust themselves to the situation and eventually get rid of their distress as less depression prevails (Levi et. al, 2013).

As a stressful occupation, nursing practice is characterized by physical and psychosocial stress. Research indicates that nurses are overworked and that occupational stress is widespread among nurses, given the incidence of heavy workloads, burnout, and job dissatisfaction. It has been reported that occupational stress can have unfavorable ramifications on the quality of nursing and patient safety.

The researchers discovered that job stress was linked to psychosocial types of stress including burnout, job dissatisfaction, role of conflict, and role of stress. Stress-related health problems and issues can include gastrointestinal problems, sleeping disturbances, mood fluctuations, and headaches. Unfriendly relationship with family and friends can also be the results of stress in the workplace (Ugur et. al, 2007; Yau et. al. 2012; hopie et. al, 2010).

Emotional stress and coping are the most discussed types of stress experience, whereby emotional stress is the absence of a close correlation, which is apparent to the nurses. Occupational stress is brought by lack of social network, or unresponsive social network, simply because nurses are very interactive people, and they need social dialogue from their superiors, colleagues and to share ideas together to help built the gaps and alleviate occupational stress. As a fact, there is another dispute faced by nurses such as physical stress whereby nurses want to be touched in a way that would tell them they are still precious in the society, because they long for intimacy that would be guaranteed for the nurses in the nearer future (Levi et. al, 2014).

In one of the research reviewed some nurses confirmed that; they are very angry when their superiors or nursing managers do not attend to their demands and continue to leave their life, ignoring the well-being of nurses. Occupational stress has been identified as a considerable high risk for

nurses, however, with suitable and adequate intervention of nurses' well-being, and functional ability can be supported. First step is to help the nurses comes to terms with what occupational stress is by exploiting them to their peer colleagues. Group interventions aimed at alleviation of occupational stress seems to be promising and more effective than individual coping.

It was found that occupational stress may affect nurses' mental well-being. It is very important to consider appropriate measures for the nurses who are stressed with workloads or the other. Interventions such as free leisure participation after work is associated to enhanced the mental well-being of nurses and help the nurses to build up their personal social network, since stress induces changes in the personal networks of nurses and results in high risk of stress. (Ugur et. al, 2007)

Notwithstanding, the characterization of occupational stress is both a hectic situation and continuing demanding exerts profound changes on the well-being of the nurse because distressful well-being are often accompany by undesirable events. Adverse event on nurses typically refers to obvious diseases, absenteeism and disablement to do their duties right. In summation lack of support is the evidenced of direct effect on nurse mental well-being as well as un-supportiveness of social network and difficulty in coping with occupational stress (Ugur et. al, 2007).

7.1 Conclusion and recommendation for future studies

Literature review of nurses' occupational stress and coping strategies in the context of job satisfaction was created. In general, levels of occupational stress and job satisfaction were discovered. The study determined these kinds of factors that affect nurses' job satisfaction or dissatisfaction among nursing professionals; they include workload, perceptions of occupational stress, occupational and absenteeism, occupational stress, and its consequences, coping strategies of occupational stress, problem-focused coping strategy, emotion-focused coping strategy, positive coping strategy and negative coping strategy.

Occupational stress and its effective coping strategies outcomes are gaining more research consideration. The most lucrative benefit from the findings in the field of occupational stress and its effectiveness at work is a significant move toward occupational safety that is not focused on nurses alone, but to set the goal on occupational safety for nurses in general. The prolific approach to the safety of occupational stress will impact nurses wellbeing by considering work intended from both physical and psychosocial standpoints.

The importance of this study cannot be overemphasized especially in its contribution to the welfare of nurses as individuals. This study seeks to examine stress and stressors in the work environment of nurses and to come out with suggestions and some steps to help nurses effectively manage stress. This study also hopes to contribute towards improving our understanding and help promote stress management and its prevention offering better chances for nurses.

However, during this research several journals and articles, revealed that, when the nurses workload are too much, they become confused and make mistakes such as clinical errors, since they do not have enough time to make decisions. However, this can be avoided if they have a regular work schedule or well-planned activities to combat stressful situations (Haybatollahi, 2009). Therefore, this research would allow nurses to make a conversant decision about how to cope with occupational stress using both negative and positive coping and being aware of and better preparation to demands of stress and possible worries.

Also, earlier studies aim to provide prime working conditions for nurses and act to improve occupational health and job satisfaction to increase productivity and retention in the healthcare settings. Several repercussions for further research rose from this literature review. Due to the lack of information concerning nurses' occupational stress and coping strategies as opposed to employers', there is a need for further and broader research focusing specifically on their occupational health and job satisfaction.

Furthermore, it is important to distinguish between various levels of occupational stress and its coping strategies, simply, because there might be substantial differences in results. Economic growth of some countries intensely affects the availability of resources in healthcare, security and safety issues; therefore, the results of the research piloted in a developed country might differ from developing countries. Further research is needed to investigate the experiences of occupational stress among nursing professionals in developing countries taking into account the level of economic development and its effect on healthcare.

Finally, one study used in this review revealed that cultural perceptions of the job are likely to have an impact on occupational health and job satisfaction of nurses. Further research is recommended to explore the relationship between these concepts. Also, this study couldn't open up many factors that would be a permanent resolution of occupational stress and its coping strategies. Moreover, the study also revealed many questions of whether factors of occupational stress and its coping strategies will stay such as emotional focused or problem based focused that would result as a positive outcome for nurses. Also, it will be very interesting to know whether those factors used in the research will be useful to other healthcare professional.

8 ETHICAL CONSIDERATION

The study was designed to ensure that all aspects related to ethics are adequately meet. When using literature review methodology, it is an ethical practice to consider how the research can best built upon previous work. According to ethical guidebook, research literature can be used to create arguments about what needs to be studied and why. By exploring existing studies, researchers can determine if previous studies have already answered their proposed research questions. Through literature review, the writers were able to identify the gap existing in relation to stress and coping strategies among nurses and prevent the consequences that may occur from the ethical issue of repeating previously studied issues (The research ethics guidebook, 2014).

According to the Finnish Advisory Board on research integrity (TENK), a research must be conducted according to the responsible conduct of research in other for the research to be ethically acceptable and reliable. Guidelines are created to ensure that research are carried out with integrity and in a responsible and ethical manner. This study aimed at abiding by the rules and conduct of research by ensuring that findings from previous researchers are reported with complete honesty without misrepresenting or misinterpreting the original data. By avoiding plagiarism, appropriate credit will be given when using information from other researchers. Works of other researcher were also fully acknowledge in the text and also a list of references was provided in this study (Finnish Advisory Board on Research Integrity, 2012).

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APPENDIX 1

Title of article, name of author and date	Research purpose	Research method	Results
The impact of coping strategies on the intensity of stress on Hemato-oncology nurses Umann et.al 2014	To evaluate the impact of coping strategies on the intensity of stress on hemato-oncology nurses	A transversal analytical study on 18 nurses, a socio-demographic characterization to evaluate coping strategies and nurse stress inventory form to evaluate stress	Control and avoidance strategies increased stress intensity while use of symptoms management decreased its intensity. Strategies has a positive effect on the stress of hemato-oncology nurses.
Relationship between occupational stress and coping strategy among operating theater nurses in China: a questionnaire survey Zhou et.al 2015	To explore the relationship between occupational stress and coping strategies among operating theater nurses in China	Questionnaire survey was conducted among 70 nurses	Nurses reported high level of stress in the workload and time pressure subscales. Nurses preferred self-control as a coping strategy.
Personality, stress and coping in insensitive care nurses: a descriptive exploratory study. Burgess et.al 2010	To investigate the relationship between personality traits, perception of workplace stress and coping among intensive care unit (ICU) nurses	A convenience sample of 46 critical care nurses, questionnaires, nurse stress scale and Brief coping orientation to problems experienced (COPE) scale	ICU nurses did not perceive their workplaces to be stressful. Certain personal characteristics were associated with problem-solving strategies such as active planning and reframing
Occupational stressors, stress	To compare the occupational	A correlational design and 4	The higher the level of stress perception

<p>perception levels, and coping styles of medical Surgical RNs</p> <p>Wakim Nada</p> <p>2014</p>	<p>stressors, the perceived stress levels and coping styles of 3 generations of medical- surgical (MS) nurses</p>	<p>questionnaires were used among a convenience sample of MS nurses.</p>	<p>among nurses, the higher the use of coping behaviours.</p>
<p>Occupational stressors, burnout and coping strategies between hospital and community psychiatric nurses in a Dublin region</p> <p>Mctiernan et.al</p> <p>2014</p>	<p>To investigate stressors, burnout and coping strategies between hospital and community based psychiatric nurses in Dublin region</p>	<p>69 participants voluntarily completed the Mental Health Professional Stress Scale, the Maslach Burnout Inventory and the PsychNurse Methods of coping Scale</p>	<p>Nurses are working in a moderately stressful environment. Avoidance coping strategy was more favoured.</p>
<p>Stress and coping in Singaporean nurses: A literature review</p> <p>Lim, et. al</p> <p>2010</p>	<p>To identify sources of and effects of stress in Singaporean nurses and the coping strategies used</p>	<p>Literature review</p>	<p>Major stressors are; shortage of nurses, high work demands and conflicts at work. Common coping strategies; problem orientation, social support and relaxation techniques.</p>
<p>Stress and coping in Australian nurses: a systematic review</p> <p>Lim, et.al 2010</p>	<p>To identify factors that contribute to stress, coping strategies used and effect of stressors on Australian nurses' health and wellbeing</p>	<p>A systematic literature review</p>	<p>Stressors included; work overload, role conflicts and experiences of aggression. Coping strategies were; seeking support, problem-solving and self-control.</p>
<p>How nurses cope with occupational stress outside their workplaces</p>	<p>To explore and identify how nurses cope with work-related stress away</p>	<p>Qualitative approach using discussions as a means of collecting data</p>	<p>Coping strategies used are substance use, socializing, engaging in other activities and</p>

Happell, et.al 2012	from their work environments		antisocial behaviors.
Occupational stress and coping strategies among emergency department nurses of China Dong-Mei, et.al 2014	To describe the relationship between coping strategies and occupational stress among ED nurses in China.	A correlational, cross-sectional design was adopted using questionnaires	Workload and time distribution were the main occupational stressors among ED nurses
Relationship between job stress level and coping strategies used by Hong Kong nurses working in an acute surgical unit Wang, et.al 2009	To explore the relationship between job stress and coping strategies of Hong Kong nurses in an acute surgical ward	Descriptive correlation study of 98 surgical nurses using the Nursing Stress Scale and Jalowiec Coping Scale	Most common stressors are; workload, lack of support and inadequate preparation. Most effective coping strategies are; evasive, confrontive and optimistic.
Effect of social support and coping strategies on the relationship between health care-related occupational stress and health Button, 2008	To examine the role of social support and individual coping strategies in the moderation of the	A survey was carried out among 212 midwives and nurses	The level of the overall social support in addition to the level of job stress is associated with psychological and physical health levels.